

# Harford County Department of Parks & Recreation-Therapeutic Services

## SOCIAL SKILLS SUMMER SESSION 2013

Registration for the summer session of Social Skills will be accepted between Wednesday, May 1<sup>st</sup> and Monday, July 1<sup>st</sup>, 2013, on a first come first served basis. The summer session of Social Skills will be focusing on ***“Teamwork.”*** There will be indoor and outdoor activities and the participants will have the opportunity to work in pairs, small and large groups.

AGES 5 thru 13 years

FEE: \$250

LOCATION: Forest Lakes Elementary

Sessions will take place on Mon., Wed. & Fri. on the following dates: July 22, 24, 26, 29, 31 & August 2, 2013.

There will be a **MORNING** group from 9:30 am-1:30 pm and an **AFTERNOON** group from 2:00 pm-6:00 pm.

Since the groups are 4 hours long, the children need to bring a lunch or snack and a drink for their break.

*Space is limited to 15 participants for both the morning and afternoon groups.*

Please make checks payable to **HARFORD COUNTY MD**

***Note: REGISTRATION CHECKS WILL NOT BE CASHED UNTIL JULY 2, 2013.***

MAIL this form and your check to Harford County Dept. of Parks & Recreation, Attn: Social Skills,  
702 N. Tollgate Rd. Bel Air, MD 21014.

Please check your preference: MORNING 9:30 am-1:30 pm ☐ AFTERNOON 2:00 pm-6:00 pm ☐

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

✓ One: Autism Spectrum ☐ Asperger's Syndrome ☐ PDD-NOS ☐ ADHD ☐ Anxiety Disorder ☐  
Other ☐

**UNDER NO CIRCUMSTANCES WILL AGGRESSIVE BEHAVIOR TOWARDS CHILDREN OR ADULTS BE TOLERATED.** Such behavior will result in expulsion from the remainder of the program. If I am contacted concerning my child's aggressive behavior, I understand that I will be expected to pick my child up immediately.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By my signature, I hereby permit my child, named above, to participate in the Social Skills Program. I hereby, for myself, my heirs, executors and administrators, waive any and all rights and claims for damages against Harford County MD, a body corporate and politic of the State of Maryland, their agents, facilitators and sponsors, for any and all liability claims judgments for damages arising as a result of any course or activity conducted by the facilitators and/or staff.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Questions: Call Kelly Riale 443-655-6625 or email: [kelly.riale@gmail.com](mailto:kelly.riale@gmail.com) or  
Mike Watkins 410-638-4899 or email: [mdwatkins@harfordcountymd.gov](mailto:mdwatkins@harfordcountymd.gov)

David R. Craig, Harford County Executive  
“Preserving Harford's Past ~ Protecting Harford's Future”